

IOWA

Research Opportunities in Addiction Medicine

Andrea Weber, MD

January 30, 2026

UI ARC Principal Investigators

Alison Lynch, MD



Ben Miskle, PharmD



Andrea Weber MD



Grant Sources

SAMHSA

Substance Abuse and Mental Health
Services Administration



IOWA
HHS

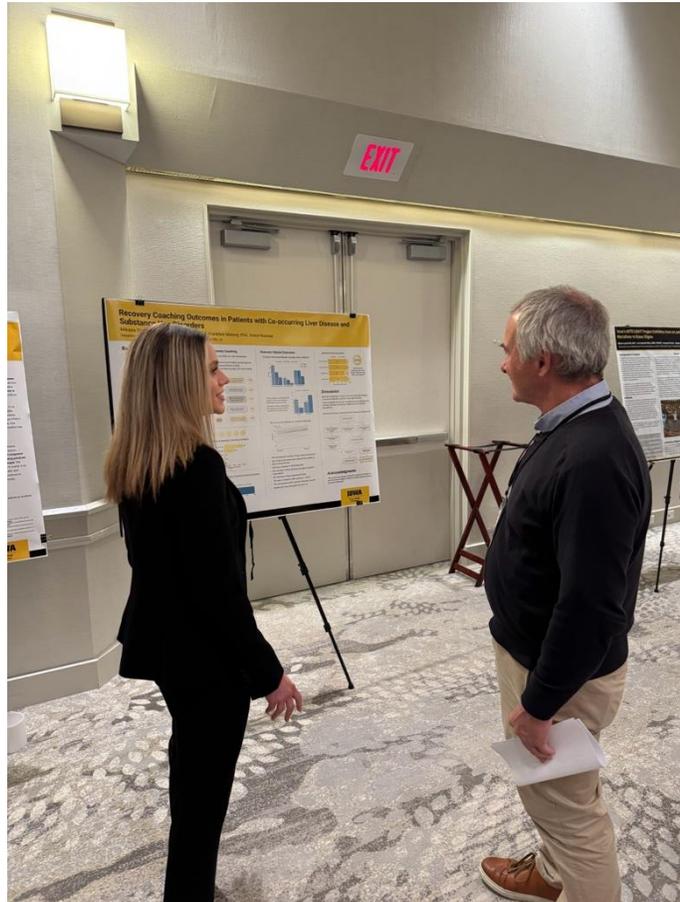
HRSA

Health Resources & Services Administration

Areas of Research Projects

- Telehealth for hepatitis C testing and treatment
- Training overdose education and naloxone in schools
- Screening for and treating SUD in chronic liver and cardiac disease populations
- Contingency management
- Mobile clinics for MOUD
- ECHO programs for substance use

Scholarship Opportunities: Posters



Multimodal Pain Management in a Patient Taking Extended-Release Buprenorphine

Presenter: Brigid Adviento

INTRODUCTION

Buprenorphine is a high-affinity, long-acting partial agonist of the mu-opioid receptor.¹ Extended release buprenorphine (XR buprenorphine) is a long-acting subcutaneous formulation dosed 300 mg monthly for the first two months followed by 100 mg monthly thereafter.² While numerous studies address acute pain management in individuals taking SL buprenorphine, very few address pain management in patients taking XR buprenorphine.³

MINIMUM 7 DAYS

IR product equivalent 60-24mg daily 70% PRN adjustment



INDUCTION

MONTHS 1 & 2

SUBLOCADE 300mg



INITIATION

MONTH 3 ONWARD

SUBLOCADE 100mg



MAINTENANCE

INITIAL PRESENTATION

A 40-year-old woman with a history of opioid use disorder in sustained remission on maintenance XR buprenorphine presented with subacute back pain exacerbation secondary to rapidly progressive scoliosis. Orthopedic surgeons planned T4-sacral posterior spinal fusion.

CONSIDERED APPROACHES

- Increase XR buprenorphine from 100 mg (maintenance dose) to 300 mg (initiation dose)
- Continue XR buprenorphine 100 mg with other pharmacotherapies
- Concurrent use of full opioid agonists

Authors:
Brigid Adviento, Benjamin Miskle, Andrea Weber.
Authors have no financial disclosures

Extended-release buprenorphine presents a unique challenge for acute pain management in patients with opioid use disorder

PRE-OP PAIN MANAGEMENT

- Initially continued XR buprenorphine and added acetaminophen, meloxicam, gabapentin, cyclobenzaprine, topical diclofenac
- Added as needed oxycodone
- Switched oxycodone to higher potency hydromorphone
- Switched to SL buprenorphine, which was tapered from 24 mg to 8 mg

PERI-OP PAIN MANAGEMENT

- Added IV Ketamine and hydromorphone PCA

POST-OP PAIN MANAGEMENT

- Continued pre-operative regimen while undergoing physical therapy
- Two months after surgery, completed microinduction to SL buprenorphine, then restarted XR-buprenorphine
- Encouraged self-tapering of hydromorphone as tolerated

DISCUSSION

This case illustrates a multi-modal, patient-centered pain management strategy for controlling acute and subacute pain in a woman with opioid use disorder stabilized on XR buprenorphine. In this case, XR buprenorphine was stopped to achieve adequate pain coverage but was restarted successfully after 2 months. Treatment decisions were made in partnership with the patient to optimize autonomy, safety, and function.

References:

- Sordo, L., Barrio, G., Bravo, M. J., Indave, B. I., Degenhardt, L., Wessing, L., ... Pastor-Barrusio, R. (2017). Mortality risk during and after opioid substitution treatment: systematic review and meta-analysis of cohort studies. *BMJ*, 357, j1550. <https://doi.org/10.1136/bmj.j1550>
- Nasser, A., Greenwald, M., Vince, B., Fudala, P., Twumasi-Ankrah, P., Liu, Y., ... Heidbreder, C. (2016). Sustained-Release Buprenorphine (RBP-6000) Blocks the Effects of Opioid Challenge With Hydromorphone in Subjects With Opioid Use Disorder. *Journal of Clinical Psychopharmacology*, 36(1), 18-26. <https://doi.org/10.1097/JCP.0000000000000434>
- Buresh, M., Ratner, J., Zgierska, A., Gordin, V., & Alvanzo, A. (2020). Treating Perioperative and Acute Pain in Patients on Buprenorphine: Narrative Literature Review and Practice Recommendations. *Journal of General Internal Medicine*, 35(12), 3635-3643. <https://doi.org/10.1007/s11606-020-06115-3>

Before and After T4-Sacral Posterior Spinal Fusion







Scholarship Opportunities: Manuscripts

SHORT REPORT

Open Access

Three-month outcomes from a patient-centered program to treat opioid use disorder in Iowa, USA

Alison C. Lynch^{1,2*}, Andrea N. Weber^{1,3}, Suzy Hedden¹, Sayeh Sabbagh¹, Stephan Arndt¹ and Laura Acion^{1,4}



Alcohol and Alcoholism, 2025, 60, agaf066

<https://doi.org/10.1093/alcalc/agaf066>

Review

OXFORD

Integrated approaches to reduce alcohol use in people with liver disease: a scoping review and quantitative analysis

Andrea N. Weber^{1,2,*}, Marcus Osman², Laurel Smeins², Sahil Chawla³, Mary M. Thomas⁴, Stephan Arndt^{1,5}, Nicholas L. Bormann⁶

Substance Abuse and Rehabilitation

Dovepress
Taylor & Francis Group

Open Access Full Text Article

ORIGINAL RESEARCH

Patient Perspectives on a Rapid Access, Walk-in, Medication for Addiction Treatment Clinic

Linda Peng¹, Nicholas L Bormann², Stephan Arndt^{3,4}, Benjamin A Miskle^{3,5}, Andrea N Weber^{3,6}

DOI: 10.1111/jrh.12784

COMMENTARY

THE JOURNAL OF RURAL HEALTH



Integrated care models for co-occurring alcohol use disorders and alcohol-associated liver disease in rural communities: Telehealth considerations and opportunities

Marcus Osman MD¹ | Gopala Koneru MBBS^{1,2} | Andrea Weber MD^{1,3}

IOWA

Addiction Medicine: Research Opportunities

IOWA

Addiction Medicine: Research Opportunities

Thank you

→ uiowa.edu

Andrea Weber, MD
andrea-n-weber@uiowa.edu

Ben Miskle, PharmD
benjamin-miskle@uiowa.edu

Alison Lynch, MD
alison-lynch@uiowa.edu